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Bib Data Sheet

CONFIRMATION NO. 5826

<b>SERIAL NUMBER</b> 10/612,079	<b>FILING OR 371(c) DATE</b> 07/02/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> ORW01-GN003	
<b>APPLICANTS</b> Ray C. Wasielewski, New Albany, OH; <b>** CONTINUING DATA *****</b> OK. AR 7/23/06 This appln claims benefit of 60/420,567 10/23/2002 <b>** FOREIGN APPLICATIONS *****</b> None AR 7/23/06 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED -- SMALL ENTITY --</b> <b>** 09/26/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Amadeo Lamana AR</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> <del>105</del> 36	<b>INDEPENDENT CLAIMS</b> <del>X</del> 2
<b>ADDRESS</b> 30074					
<b>TITLE</b> Biologic modular tibial and femoral component augments for use with total knee arthroplasty					
<b>FILING FEE RECEIVED</b> 1308	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		